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Form **990-EZ**

Department of the Treasury Internal Revenue Service

Short Form Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except black lung benefit trust or private foundation)

Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions). All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 at the end of the year may use this form.

▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

OMB No. 1545-1150

2010

Open to Public Inspection

A F	or the	2010 calendar year, or tax year beginning August 1, , 2010, and ending	July 31	, , 20 11
В	heck if ap	opticable. C Name of organization D E		entification number
	Address c	hange Rice Lake Elementary PTO	4	1-1443591
	Name cha		elephone n	umber
=	nitial retu	13733 09th Ave. N	76	3-420-4220
	Ferminate Amended	City or town, state or country, and ZIP + 4	roup Exe	mption
\equiv			lumber I	► N/A
G A	Account	ing Method: ☑ Cash ☐ Accrual Other (specify) ► H Chec	:k ▶ 🗹	if the organization is not
1.1	Nebsit			ach Schedule B
J T	ax-exen	npt status (check only one) — 🗹 501(c)(3) 🔲 501(c) () ◀ (insert no.) 🗌 4947(a)(1) or 🔲 527 (Form	n 990, 99	0-EZ, or 990-PF).
K	Check >	of the organization is not a section 509(a)(3) supporting organization and its gross receipts are normal	ily not m	ore than \$50,000. A
F	Form 99	90-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions		
		return, be sure to file a complete return.		
		5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Par	t II,	
line	25, col	umn (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ	. ▶ \$	
P	art I	Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the inst		
		Check if the organization used Schedule O to respond to any question in this Part I.	. <u></u>	<u> </u>
	1	Contributions, gifts, grants, and similar amounts received	. 1	130.00
	2	Program service revenue including government fees and contracts	. 2	
	3	Membership dues and assessments	. 3	
	4	Investment income	. 4	8.98
	5a	Gross amount from sale of assets other than inventory 5a		
	b	Less: cost or other basis and sales expenses	_	
	С	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	. <u>5</u> c	
	6	Gaming and fundraising events		
0	а	Gross income from gaming (attach Schedule G if greater than		
Revenue	١.	\$15,000)	_	
96	b	Gross income from fundraising events (not including \$of contributions		
Æ		from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) 6b 94.354		
	_			
	C	Less: direct expenses from gaming and fundraising events 6c 57,879 Net income or (loss) from gaming and fundraising events (add lines) (add li		
	d	line 6c)	1 1	20 475 07
	7a	(2)	· 6d	36,475.37
	b	Gross sales of inventory, less returns and allowances		
	C	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	. 7c	
	8		. 8	· · · · · · · · · · · · · · · · · · ·
	9	Other revenue (describe in Schedule O)	9	36,614.35
	10	Grants and similar amounts paid (list in Schedule O)	. 10	34,383.66
	11	Benefits paid to or for members	. 11	
S	12	Salaries, other compensation, and employee benefits	. 12	
use	13	Professional fees and other payments to independent contractors	. 13	
Expenses	14	Occupancy, rent, utilities, and maintenance	. 14	
ŭ	15	Printing, publications, postage, and shipping	. 15	463.94
	16	Other expenses (describe in Schedule O)	. 16	317.00
	17	Total expenses. Add lines 10 through 16		35,164.60
Ŋ	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	. 18	1,449.75
set	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with	h	
Net Assets	1	end-of-year figure reported on prior year's return)		16,274.35
<u>e</u>	20	Other changes in net assets or fund balances (explain in Schedule O)	. 20	
Z	21	Net assets or fund balances at end of year. Combine lines 18 through 20	▶ 21	17,724.10

SCARINIEN DEC 3 0 2019

For Paperwork Reduction Act Notice, see the separate instructions.

Form **990-EZ** (2010)

990-EZ	

Page 2

Pai	Balance Sheets. (see the instructions Check if the organization used Schedule	for Part II.)	Aine in Abia David			
	Check if the organization used Schedule	O to respond to any ques			•	· · · · □
22	Cach savings and investments		(A) Be	ginning of year		(B) End of year
23	Cash, savings, and investments		• • •	16,274.35	23	17,724.10
24	Other assets (describe in Schedule O)	• • • • • • • • •			24	
25	Total assets		• • •	16,274.35		17 724 10
26	T 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			10,274.35	26	17,724.10
27	Net assets or fund balances (line 27 of column		· · ·	16,274.35		17,724.10
Par				10,274.35	21	
	Check if the organization used Schedule	O to respond to any ques	stion in this Part	!.) 	(Ren	Expenses ured for section
What	is the organization's primary exempt purpose?					;)(3) and 501(c)(4)
Desci	the what was achieved in carrying out the organization	's exempt purposes. In a clea	r and concise man	ner describe		izations and section
the se	ervices provided, the number of persons benefited, and	other relevant information for e	ach program title.	, 200020		(a)(1) trusts, optional hers.)
28	Funds provided to Rice Lake Elementary for comput	·		tudent	10. 01	
	safety patrols, classroom support, awards, Legionvi					
	Approx. 780 students benefit	attoridanco, Lybbarno, cin				
		includes foreign grants, che	ock here	▶ [7]	28a	26,307.73
29	Funds provided to City of Maple Grove for D.A.R.E.	rogram			200	20,007.70
	Approx 90 Rice Lake 6th grade students benefited					
	TIPE OF THE PROPERTY OF THE PR					
	(Grants \$) If this amount	includes foreign grants, che	eck here	▶ □	29a	589.68
30	Other misc. contributions to promote and support th				2.00	303.00
-	Approx. 780 students benefit			nontary.		
	(Grants \$) If this amount	includes foreign grants, che	eck here	▶ □	30a	7,486.25
31	Other program services (describe in Schedule O)			<u>. </u>	000	7,100.20
	· ·	includes foreign grants, che	eck here		31a	
32	Total program service expenses (add lines 28a	through 31a)		•	32	34,383.66
Par				ated. (see the i		
	Check if the organization used Schedule	O to respond to any ques	tion in this Part I	v		
	(a) Name and address	(b) Title and average	(c) Compensation	(d) Contribution		(e) Expense
	(a) Name and address	hours per week devoted to position	(If not paid, enter -0)	employee benefit deferred comper		account and other allowances
Rach	el Laurie	D1d4 (5 b)				
1375	5 89th Ave. No. Maple Grove, MN 55369-9673	President (5 hours)	0		0	0
Amy	McVay	\\ \(\text{S} = \text{D} = \text{J} = \text{J} \(\text{D} = \text{J} = \text{J} \)				
(sam	e as above)	Vice President (2 hours)	0		0	0
Tany	a Glasspell Fischer	G(4 b)				
(sam	e as above)	Secretary (1 hour)	0	1	0	0
Anne	Raskie	T				
(sam	e as above)	Treasurer (5 hours)	0		0	0
				<u> </u>		
				1		
					_	
					0	
						ļ
				<u></u>		
		I .	i e			I .

Part	Check if the organization used Schedule O to respond to any question in this Part V			. \sqcap
			Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33		V
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34		v
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, explain in Schedule O why the organization did not report the income on Form 990-T.			
а	Did the organization have unrelated business gross income of \$1,000 or more or was it a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements?	35a		•
36	If "Yes," has it filed a tax return on Form 990-T for this year (see instructions)?	35b 36		V
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a			
ь 38а	Did the organization file Form 1120-POL for this year?	37b		~
	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a		~
	If "Yes," complete Schedule L, Part II and enter the total amount involved			
39	Section 501(c)(7) organizations. Enter:			
a b	Initiation fees and capital contributions included on line 9	-		
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:	1		
100	section 4911 ► ; section 4912 ► ; section 4955 ►			
b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		•
С	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization			
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		. ,
41	List the states with which a copy of this return is filed. ▶ Minnesota			
42a		763-22		6
_	Located at ▶ 9069 Annapolis Lane N. Maple Grove, MN ZIP + 4 ▶ At any time during the calendar year, did the organization have an interest in or a signature or other authority	553	369	
b	over a financial account in a foreign country (such as a bank account, securities account, or other financial		Yes	No
	account)?	42b		~
	If "Yes," enter the name of the foreign country: ▶			
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
С	At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c		V
43	Section 4947(a)(1) nonexempt charatable trusts filing Form 990-EZ in lieu of Form 1041 - Check here		. 1	▶ 🗆
	and enter the amount of tax-exempt interest received or accrued during the tax year			
			V	N-
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be		Yes	No
_	completed instead of Form 990-EZ	44a	<u></u> .	~
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be		ŀ	
_	completed instead of Form 990-EZ	44b	├ .	1
c d	Did the organization receive any payments for indoor tanning services during the year?	44c	 -	~
	explanation in Schedule O	44d	<u>L</u>	~

	, T	•							
Form 99	10-EZ (20	010)	· · · · · · · · · · · · · · · · · · ·						age 4
								Yes	No
45 a	Did th	related organization a controlled entity ne organization receive any payment from ing of section 512(b)(13)? If "Yes," For	m or engage in any transaction	n with	a controlled	entity within the	45		~
		990-EZ (see instructions)					45a	-	·
46		ne organization engage, directly or indire indidates for public office? If "Yes," com					46		
Part	VI	Section 501(c)(3) organizations an 501(c)(3) organizations and section	d section 4947(a)(1) none	xemp	t charitabl	e trusts only. A	VII sec	tion 7_491	L
		and 52, and complete the tables for Check if the organization used Sched	lines 50 and 51.			•	J113 41	70.	_
	•	Office in the organization used ocheci	ule O to respond to any ques		THIS I GIL V			Yes	No
47	Did th	ne organization engage in lobbying activ	ities? If "Yes." complete Sche	dule C	. Part II .		47	.00	~
48		organization a school as described in se	- ·			E	48		V
49a		ne organization make any transfers to an		_			49a	- 1	~
b		s," was the related organization a section					49b]	
50		plete this table for the organization's five							d key
	emple	byees) who each received more than \$10			ganization. It	(d) Contributions to	,		
	(a) Na	me and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(6)	zompensation	employee benefit plans & deferred compensation	acc	Expen count a allowa	ınd
							<u> </u>		
			 				 		-
				l			L		
f 51	Comp	number of other employees paid over \$ plete this table for the organization's fin 000 of compensation from the organiza	ve highest compensated inde		ent contracto	ors who each rec	eived	more	thar
		(a) Name and address of each independent contra		0110.	(b) Typ	e of service	(c) Cor	npensa	ation
								-	
									
		number of other independent contracto	-		. •	7/ \/4\	-		
52		ne organization complete Schedule A? Ne xempt charitable trusts must attach a co		ınızatı	ons and 494	/(a)(1) ▶ □] Yes		No
Under p	enalties	of perjury, I declare that I have examined this return d complete. Declaration of preparer (other than office	n, including accompanying schedules	and stat	tements, and to	the best of my knowle wledge.			
		Ne Profin				12/10/	11		
Sign Here		Signature of officer	20511/0:7			Date			
		Type or print name and title	easuver						
		, 	reparer's signature		Date		PTIN		
Paid	aror	Timo typo propuet a timite	· •			Check if self-employed			

Preparer

Use Only

Firm's name

May the IRS discuss this return with the preparer shown above? See instructions

. ▶ 🗌 Yes 📙 No

Firm's EIN ▶

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No. 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service Inspection Name of the organization **Employer identification number** Rice Lake Elementary PTO 41-1443591 Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An organization that normally receives: (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions-subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h. c Type III-Functionally integrated b Type II e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) If the organization received a written determination from the IRS that it is a Type II, or Type III supporting Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and Yes No 11g(i) (ii) A family member of a person described in (i) above? . . . 11g(ii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? . 11g(iii) Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iv) is the organization (iii) Type of organization (v) Did you notify (vii) Amount of (vi) Is the in col (i) listed in your the organization in organization (described on lines 1-9 organization in col. support governing document? col. (i) of your (i) organized in the above or IRC section support? US ? (see instructions)) Yes No Yes No Yes No (A) Rice Lake 6 41-6001421 0 **Elementary School** (B) (C) (D)

(E)

Total

Part	Support Schedule for Organiza (Complete only if you checked the						
	Part III. If the organization fails to	gualify unde	er the tests lis	sted below. p	lease compl	ete Part III.)	any andor
Secti	on A. Public Support	, , , , , , , , , , , , , , , , , , , ,		, p	occor compi		
	dar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4.						
	on B. Total Support						
	dar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7	Amounts from line 4						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities, etc					12	
13	First five years. If the Form 990 is for the	ne organization	n's first, secon	id, third, fourth	n, or fifth tax y	ear as a section	on 501(c)(3)
Casti	organization, check this box and stop he	re	<u> </u>			· · · ·	· · · > []
<u>Secu</u>	on C. Computation of Public Suppor			11		Taal	%
15	Public support percentage for 2010 (line of Public support percentage from 2009 Sci		-			14	%
16a	331/3% support test—2010. If the organia						
	box and stop here. The organization qua						
b	331/28% support test-2009. If the organ check this box and stop here. The organ					e 15 is 33¹/3% 	or more,
17a	10%-facts-and-circumstances test—20 10% or more, and if the organization me Part IV how the organization meets the "forganization	ets the "facts- acts-and-circu	and-circumsta ımstances" tes	inces" test, ch	eck this box a ation qualifies	nd stop here.	Explain in
b	10%-facts-and-circumstances test—20 15 is 10% or more, and if the organization or Explain in Part IV how the organization or supported organization	tion meets the neets the "fact	e "facts-and-ci s-and-circums	ircumstances" tances" test. T	test, check to The organization	his box and st	top here. a publicly
18	Private foundation. If the organization di						

Support Schedule for Organizations Described in Section 509(a)(2) Part III

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II.

	If the organization fails to qualify	under the tes	ts listed belo	w, please co	mplete Part II	l.)	
	on A. Public Support						
Calen	dar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1	Gifts, grants, contributions, and membership fees		440.00	0.005.00			
	received. (Do not include any "unusual grants.")		410.00	8,285.62	1,150 00	130.00	9,975.62
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	74,103.86	77,278.95	94,793.94	93,927 80	94,354.85	434,459.40
3	Gross receipts from activities that are not an unrelated trade or business under section 513	0	0	0	0	0	0
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	0	0	0	0	0	0
5	The value of services or facilities furnished by a governmental unit to the organization without charge	0	0	0	0	0	0
6	Total. Add lines 1 through 5	74,103.86	77,688.95	103,079.56	95,077.80	94,484.85	444,435 02
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons .						
	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
C	Add lines 7a and 7b						
8	Public support (Subtract line 7c from line 6.)						444,435.02
Secti	on B. Total Support						
Calen	dar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9	Amounts from line 6	74,103.86	77,688 95	103,079.56	95,077 80	94,484.85	444,435.02
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.	35.46	30.98	27.54	10.50	8.98	113.46
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С	Add lines 10a and 10b	35.46	30 98	27.54	10 50	8.98	113.46
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)	74,139.32	77,719.93	103,107.10	95,088 30	94,493.83	444,548 48
14	First five years. If the Form 990 is for the organization, check this box and stop her	-			-	ar as a section	
Secti	on C. Computation of Public Suppor						
15	Public support percentage for 2010 (line 8	3, column (f) div	rided by line 1	3, column (f))		15	99.97 %
16	Public support percentage from 2009 Sch					16	99.97 %
	on D. Computation of Investment Inc					- 	
17	Investment income percentage for 2010 (/ line 13. colum	nn (f))	17	.026 %
18	Investment income percentage from 2009					18	.028 %
19a	331/a% support tests—2010. If the organi						
·Ja	17 is not more than 331/3%, check this box						
ь	331/3% support tests—2009. If the organiz		-			-	
	line 18 is not more than 331/3%, check this t						
20	Private foundation. If the organization de						

	Form 990 or 990-EZ) 2010	Page 4
Part IV	Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).	
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Rice Lake PTO EIN. 41-1443591 Form 990EZ, Line 10 Schedule - Grants and Similar Amounts Paid

Class of Activity	Donee's Name Fundraiser	Donee's Address Fundraiser	Amount Fundraiser	Relationship
Electronic and computer equipment, music, field trips, student patrols, enrichment activities, classroom support, student awards, peer mediation and computer tech support and character education.	Rice Lake Elementary (part of Independent School District #279)	13755 89th Ave. No (11200 93rd Ave. No.) Maple Grove, MN 55369	26,307.73	None
D.A.R.E Program Drug education and resistance program for students	City of Maple Grove Minnesota	12800 Arbor Lakes Pkwy Maple Grove, MN	589.68	None
Ice cream treats for students, Super kids day, staff appreciation, volunteer coordinator supplies and support and other Miscellaneous	Many	Many	7,486 25	None

Rice Lake PTO EIN. 41-1443591 Form 990EZ, Line 6 Schedule - Special Events

The Chip Shoppe Cookie Dough Fundraiser	Carnival Fundraiser	Fun Run Fundraiser	Turkey Bingo Fundraiser	Silent Auction Fundraiser		Total
55,632.95	8,091.30	2,347.50	3,585.25	2,089.00	22,608.85	94,354.85
55,632.95	8,091.30	2,347.50	3,585.25	2,089.00	22,608.85	94,354.85
32,150.49	3,974.20	216.98	1,131 62	431.65	19,974.54	57,879 48
23,482.46	4,117 10	2,130.52	2,453.63	1,657 35	2,634.31	36,475.37

(1) All Other includes the following fundraising events: book fair, school dance, Gold C entertainment books and other small miscellaneous events.